

Ohio Summer Food Service Program-2015 Income Eligibility Application

Attachment 10

INSTRUCTIONS: *Part 1* of this form is to be used only for children receiving OWF, Ohio Works First (was formerly TANF and AFDC) or for children living in a household receiving Food Stamp benefits. *Part 2* is only for children not receiving Food Stamp benefits or OWF benefits. Fill in the part which addresses your situation. An Adult signature is needed when completing both Part 1 or 2. If you need more space, use a separate piece of paper.
(* Asterisk items must be filled in for each part you complete.)

*** PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:** Enter **ONLY** name of those children who will be participating in the Summer Food Service Program.

* NAME	AGE	* NAME	AGE
1.		3.	
2.		4.	

PART 1 - FOR CHILDREN RECEIVING SNAP (FOOD STAMPS) OR OHIO WORKS FIRST (OWF)

YES, I received SNAP (Food Stamp) or OWF benefits for the child(ren) listed above this month and request meal benefits. My Food Stamp or OWF number is:

_____ * SNAP (FOOD STAMP NUMBER) (10-12 digit number) OR
 _____ * OHIO WORKS FIRST NUMBER OR
 _____ * FDPIR Identification Number (Food Distribution Program on Indian Reservations)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____*
 SIGNATURE OF ADULT HOUSEHOLD MEMBER ADDRESS DAYTIME PHONE DATE

PART 2 - FOR CHILDREN NOT RECEIVING SNAP OR OWF BENEFITS

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of everyone living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it. List each amount under the correct title. You must list gross income **BEFORE** deductions, taxes, or social security, etc. To figure monthly income, if income is received: every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* HOUSEHOLD MEMBERS	* INCOME BY SOURCE			
LIST ALL HOUSEHOLD MEMBERS' NAMES (LAST NAME, FIRST NAME)	MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS	MONTHLY WELFARE, CHILD SUPPORT, ALIMONY	MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY	ALL OTHER MONTHLY INCOME
1.				
2.				
3.				
4.				
5.				
6.				

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal use income or enter "0" if the child has no personal use income. An adult signature is needed. Personal Use Income \$ _____

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____* LAST 4 DIGITS OF SOCIAL SECURITY #

* SIGNATURE OF ADULT HOUSEHOLD MEMBER

* SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER
 (Write "None" if adult signer does not have a SSN)

HOME ADDRESS ZIP CODE DAYTIME PHONE DATE

Total Household Monthly Income

FOR SPONSOR USE ONLY

Signature of Authorized Official

Date

\$ _____ ELIGIBILITY DETERMINATION

_____* APPROVED _____ DENIED

Ohio Summer Food Service Program For Children Income Eligibility Application For Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program for Children (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

RACIAL/ETHNIC CATEGORY: You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

☐ American Indian or Alaskan Native
 ☐ Asian
 ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
 ☐ White
 ☐ Hispanic or Latino
 ☐ Not Hispanic or Latino

NON-DISCRIMINATION: The U. S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital information or employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or e-mail at program.intake@usda.gov, (individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines to be effective from July 1, 2014 through June 30, 2015

Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	7,511	626	313	289	145

Privacy Act Statement: Section 9 of the National School Lunch Act (NSLA) requires that, unless your child's food stamp or OWF case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application or shared with other persons directly connected with the administration or enforcement of the program under the NSLA or Child Nutrition Act of 1966 to determine program eligibility. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action if incorrect information is reported.

Ohio Summer Food Service Program Sponsor Instructions for Gathering Income Eligibility Data For Camps and Enrolled Sites

Properly completed, sponsor approved income eligibility applications must be obtained from children enrolled in (1) residential and non-residential camps, and (2) enrolled sites.

The following criteria will allow a sponsor to receive Summer Food Service Program benefits:

1. **RESIDENTIAL and NON-RESIDENTIAL CAMPS** will be reimbursed for only meals served to those enrolled children who have a complete and approved free income eligibility application.
2. **ENROLLED SITES** must prove that at least 50% of the children enrolled at the site meet free meal eligibility criteria.

TO COMPLETE AND QUALIFY INCOME ELIGIBILITY APPLICATIONS.

Free meal enrollments qualify by correctly completing *Part 1* or *Part 2* of the Ohio Summer Food Service Program Income Eligibility Application.

Part 1 - For Children receiving SNAP (food stamps), Ohio Works First, or FDPIR.

1. **SNAP (Food Stamps)**- A household receiving food stamps need only provide its current SNAP (**Food Stamp case number**) and the **adult household member signature**. The enrolled child(ren) listed must be members of the food stamp household. The completion of these two items automatically qualifies the child for free meals.

Or

2. **Ohio Works First (OWF)**- Ohio's equivalent to TANF. The **OWF identification number** of the enrolled child(ren) and the **adult household member signature** is required. The enrolled child(ren) must have an active OWF identification number. The completion of these two items automatically qualifies the child(ren) for free meals.

Or

3. **Food Distribution Program on Indian Reservations (FDPIR)** - The **FDPIR identification** number of the enrolled child(ren) and the **adult household member signature** is required. The enrolled child(ren) must be a member of a household receiving benefits through FDPIR. The completion of these two items automatically qualifies the child(ren) for free meals.

Or

Part 2 - For Children Not Receiving SNAP, OWF, or FDPIR

4. **Family Size and Household Income** - List the **names of all household members** and each **members income** by source. An **adult household member signature** and **Social Security number** of the signer is required to complete Part 2 of the application. Compare the number of household members and total household income to the Family Size/ Income Guidelines on the back of the application. If the household income is the same or less than the amount listed by the applicant, the application qualifies the child(ren) for free meals.

Income to Report

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social Security

Pensions/Retirement/Social Security

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Household income is only needed when completing Part 2. Current income means income received during the month prior to the application for meal benefits. If this figure accurately reflects monthly household income, it may be projected as household income for the coming months. Otherwise, the projection should be adjusted to be as accurate as possible.

For Sponsor Use Only: A sponsor representative is responsible for totaling the household income, identifying the application as approved or denied, dating and signing the completed application. All signatures must be original.

FOSTER CHILDREN:

For sponsors enrolling children who are living in foster homes, additional information will need to be obtained from the family. In those cases where the human service agency has placed a child in a permanent home and /or subsidizes the adoption of the child, the child is considered as a member of the family household with whom he or she resides. If this describes the foster child, TOTAL family size, including the child, and TOTAL gross family income, including subsidy from the human service agency should be used.

In those cases where the human service agency is legally responsible for the child, and the foster home is, in fact, an extension of the agency, the foster child is considered as a household of one. For purposes of determining eligibility, the following guidelines are to be used:

1. The foster child is considered a household of one; and the foster parents' household size or income is not used to determine eligibility.
2. Funds provided by the welfare agency which are specifically identified by category for personal use of the child for items such as clothing, school fees, and allowances are counted as income. Funds identified for shelter and care, and medical and therapeutic needs are not considered as income for the child. Where welfare funds cannot be identified by category, no portion of the provided funds are considered as income.
3. Funds personally received by the child such as funds received from trust accounts, monies provided by the child's family for personal use, and earnings from full-time and regular part-time employment are to be considered as income for the child. Occasional earnings should not be considered as income.
4. The application must be signed by an adult member of the foster home; however, a social security number is not needed for the foster child's application.

CIVIL RIGHTS INFORMATION

Households are not required to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

MAINTAINING RECORDS

Ohio Summer Food Service Program Income Eligibility Applications received from a child **MUST** be kept by the sponsor for at least three (3) years plus the current year, or longer if the form is part of an unresolved audit.

Revised 10/14